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Atty Docket No. 020824-004112US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Unassigned

Group Art Unit 3712

OFFICIAL COMMUNICATION

CERTIFICATION OF FACSIMILE TRANSMISSION

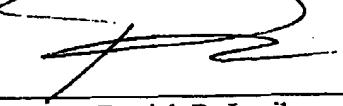
I hereby certify that the following documents in re Application of Michael C. Wood, et al., Application No. 10/776,012, filed February 9, 2004 for INTERACTIVE HAND HELD APPARATUS WITH STYLUS are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal-1 Page
2. IDS-3 Pages
3. Preliminary Amendment-3 Pages

Number of pages being transmitted, including this page: 7

Dated: Jan. 23, 2006


Patrick R. Jewik

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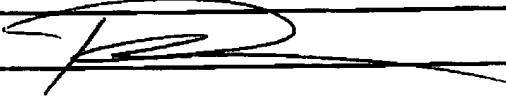
JAN 23 2006

PTO/SB/21 (09-04)

TRANSMITTAL FORM		Application Number	10/776,012
		Filing Date	February 9, 2004
		First Named Inventor	Wood, Michael C.
		Art Unit	3712
		Examiner Name	Unassigned
(to be used for all correspondence after initial filing)		Attorney Docket Number	020824-004112US
Total Number of Pages in This Submission			

ENCLOSURES (Check all that apply)			
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):	
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<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____		
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<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53			
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Patrick R. Jewik		
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